

REISSUED 10/6/03

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Pharmacies
All Prescribers
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No.: 03-67 MAA
Issued: September 25, 2003
Reissued: October 6, 2003
For More Information, call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Updates to the Prescription Drug Program – Addition to Preferred Drug List, Expedited Prior Authorization List, and Drug Changes to Prior Authorization

Effective for claims with dates of service on and after November 1, 2003 (unless otherwise specified within this numbered memo), the Medical Assistance Administration (MAA) the following updates will be made to the Prescription Drug Program:

- Additions to MAA's Preferred Drug List;
- Additions to Expedited Prior Authorization (EPA) codes and criteria; and
- Drug Changes to Prior Authorization.

Addition to MAA's Preferred Drug List

Non-preferred drugs in the following drug class will require the pharmacy to call MAA for prior authorization. Non-preferred drugs prescribed for cancer-related pain will be automatically approved by MAA.

Drug Class	Preferred Drug
Long-Acting Opioids	generic, long-acting morphine and methadone

Additions to Expedited Prior Authorization (EPA) Codes and Criteria

Effective for the week of November 3, 2003 and after

Drug	Code	Criteria
Avinza®, Duragesic®, Kadian®, levorphanol, Oxycontin®	040	Diagnosis of cancer-related pain

Drug Changes to Prior Authorization

Drug
Long-Acting Opioids; Dolophine® and MS Contin®

To obtain this memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov>
(Click on the Provider Publications/Fee Schedules link).